Fill in this i	nformation to identify the case! 01		Entered ae 1 of 2	04/14/19 0	9:17:13	Desc Main
Debtor 1	Frank D. Smith aka Frank D. Si					
Debtor 2 (Spouse, if filing	Ava Smith					
United States  Case number	Bankruptcy Court for the: Northern  14-40250-bem	District of Ge	eorgia			

## Form 4100R

# **Response to Notice of Final Cure Payment**

10/15

According to Bankruptcy Rule 3002.1(g), the creditor responds to the trustee's notice of final cure payment.

Name of creditor:	U.S. Bank Trust Nation	Cabana : -	bana Series III Trust				Court claim no. (i			
Last 4 digits of any	number you use to ide	entify the deb	tor's account:	2	4	8	2			
Property address:	377 Persons Ro	ad								
	Number Street									
	Cedartown	GA	30125							
	City	State	ZIP Code							
art 2: Prepetitio	n Default Payments									
Check one:										
☐ Creditor disagree	claim. s that the debtor(s) have	e paid in full t	he amount requ	uired to	cure t	he pre	petitior	n default		
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Debtor 1

Frank D. Smith aka Frank D. Smith, Jr.

Name Middle Name Las

Case number (if known) 14-40250-bem

#### Part 4:

#### **Itemized Payment History**

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

### Part 5:

#### Sign Here

The person completing this response must sign it.	The response must be filed as a supplement to the creditor's
proof of claim.	

Check the appropriate box::

- ☐ I am the creditor.
- ☑ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

Date 04,14,2019

Signature

Print

Erin First Name Mae Rose

Quinn

Title Attorney

Company

Bowen Quinn, P.A.

If different from the notice address listed on the proof of claim to which this response applies:

Address

25400 U.S. Hwy 19 N, Suite 150

Number Street

Clearwater

FL 33763

State

City

727 474 9603

\_ .. eservice@bowenquinn.com

Contact phone

ZIP Code